



2009 Summer Basketball



Team Registration Packet



We accept VISA and MASTERCARD payments!

Cobb County Parks, Recreation & Cultural Affairs Department

Athletic Unit
1792 County Services Pkwy
Marietta, Ga. 30008
770.528.8817



www.prca.cobbcountyga.gov

From: Kim Cammons CPRP, Ward League Coordinator
Andrea Raiford, Fullers League Coordinator
Jeff Abrams, Ron Anderson League Coordinator
Subject: 2009 Summer Basketball Leagues
Date: March 2, 2009
To: Summer Basketball Managers

On-Line Registration is here!

Teams that participated in the 2008 summer league can register online at www.prca.cobbcountyga.gov. You must register for the same league/gym as summer 2008, and make payment by either Visa or MasterCard. Online registration will open the week of May 4th -10th. Please contact your league coordinator to get your required PIN # and Log-in ID. (**New teams** must register in person.)

Walk-in registration

Cobb County Parks and Recreation Administrative offices
1792 County Services Pkwy, Marietta, GA 30008

RETURNING TEAMS

Monday, May 11

6:00 PM – 7:30 PM

NEW TEAMS

Thursday, May 14

6:00 PM – 7:30 PM

The enclosed entry form ***MUST*** be filled out in its entirety and submitted with the full **\$240.00** entry fee at the time of registration. **Make Check or Money Order payable to C.C.P.R.C.A.D.** PLEASE PUT DRIVER'S LICENSE NUMBER ON CHECK OR MONEY ORDER. We also accept Visa and MasterCard.

IMPORTANT INFORMATION

If you will not be managing the team this season, please forward this to the proper person.

MANAGER'S MEETING

The mandatory Manager's meeting is scheduled for:

Thursday, **May 28th** at **7:00 PM**,
Cobb County Parks and Recreation Administration building
1792 County Services Parkway, Marietta, GA 30008

At that meeting the league schedule will be given out and the league rules will be discussed. Any questions you may have will be answered then.

LEAGUE INFORMATION

- Summer Leagues cost \$240.00 and will offer Men's "B" and "C" level leagues; With the exception of Ron Anderson which will offer Men's "C" level leagues only.
- League Transfers (a returning team that is requesting a change of league or gym location) will be handled on a first come, first-serve basis.
- The enclosed roster form must be filled out COMPLETELY and turned in by the first game. If contested, a team that has not turned in a roster will forfeit the game. Players may be added to your roster through the 5th game of the season. The player must be present to be added to a team roster.
- League play will begin the week of June 1st, and consist of 7 regular season games. The top three teams from each league will participate in a single elimination combined Championship Tournament immediately following the regular season. Awards will be presented to both, the champion and runner-up from each league, and also for the overall tournament winners.
- Teams that won the championship of their league will be moved to the next higher league, unless no higher league exists.
- League Coordinators reserve the right to schedule more than 1 game a week if necessary.
- Games will consist of two 20-minute halves with a running clock. The last 2 minutes of the first half and the last 5 minutes of the second half will be regulation clock.
- Each team must have matching, numbered jerseys. Uniforms must be worn in accordance with Georgia High School regulations (shirts tucked in, shorts worn properly on the waist). The Department will furnish the game ball, referees, scorekeeper and supervisor.

Jeff Abrams at (770) 528-8816 for RON ANDERSON

Andrea Raiford at (770) 591-3160 for the FULLERS

Kim Cammons at (770) 528-8896 for the WARD

It is the intent of Cobb County Government to comply with the Americans with Disabilities Act.

In order that the Department assures compliance with ADA (Americans with Disabilities Act), if you have a specific physical or service accessibility need, please make the staff that work with the program/facilities aware so that we can reasonably accommodate you need. We want our facilities and program s to be "user friendly" for all residents. For Cobb, it will mean improving on what we've already been doing.

**DETERMINATION OF RESIDENCY FOR
COBB COUNTY TEAMS
(APPLIES TO ALL TEAMS)**

OPEN LEAGUE:

The team roster must be made up of 75% of Cobb County Residents. A resident shall be defined as a person that lives, or attends school full-time in Cobb County. If the team sponsor is located within Cobb County then the team is considered a resident team.

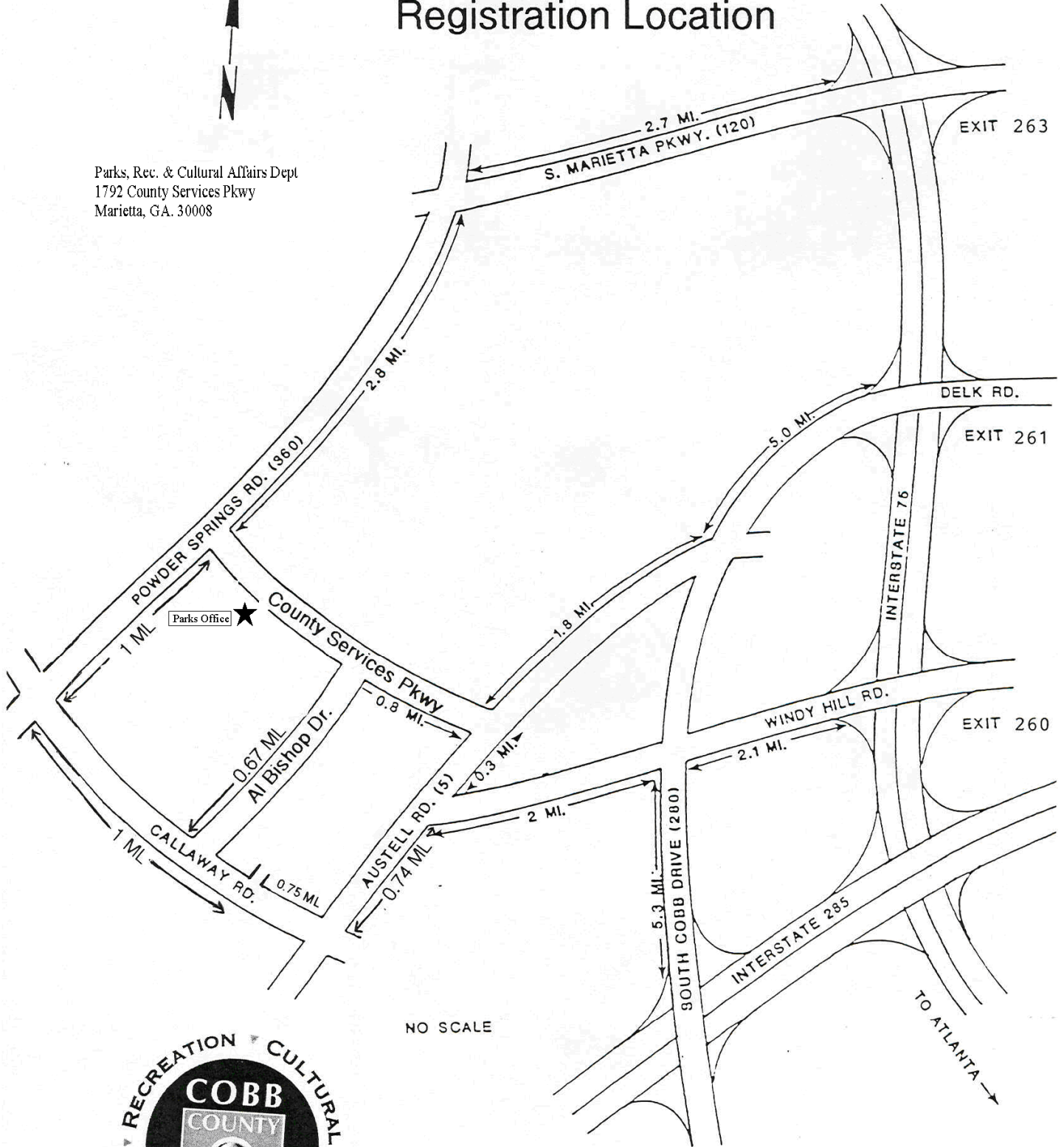
PLAYERS ON ROSTER	NUMBER OF COBB COUNTY PLAYERS NECESSARY TO MEET MINIMUM REQUIREMENTS
5	4
6	5
7	6
8	6
9	7
10	8
11	9
12	9
13	10
14	11
15	12
16	12
17	13
18	14
19	15
20	15
21	16
22	16
23	17
24	18
25	19

NOTE: A \$200.00 PER TEAM NON-RESIDENCY FEE WILL BE ADDED TO ALL TEAMS THAT DO NOT MEET THE 75% RESIDENCY REQUIREMENT.

Registration Location



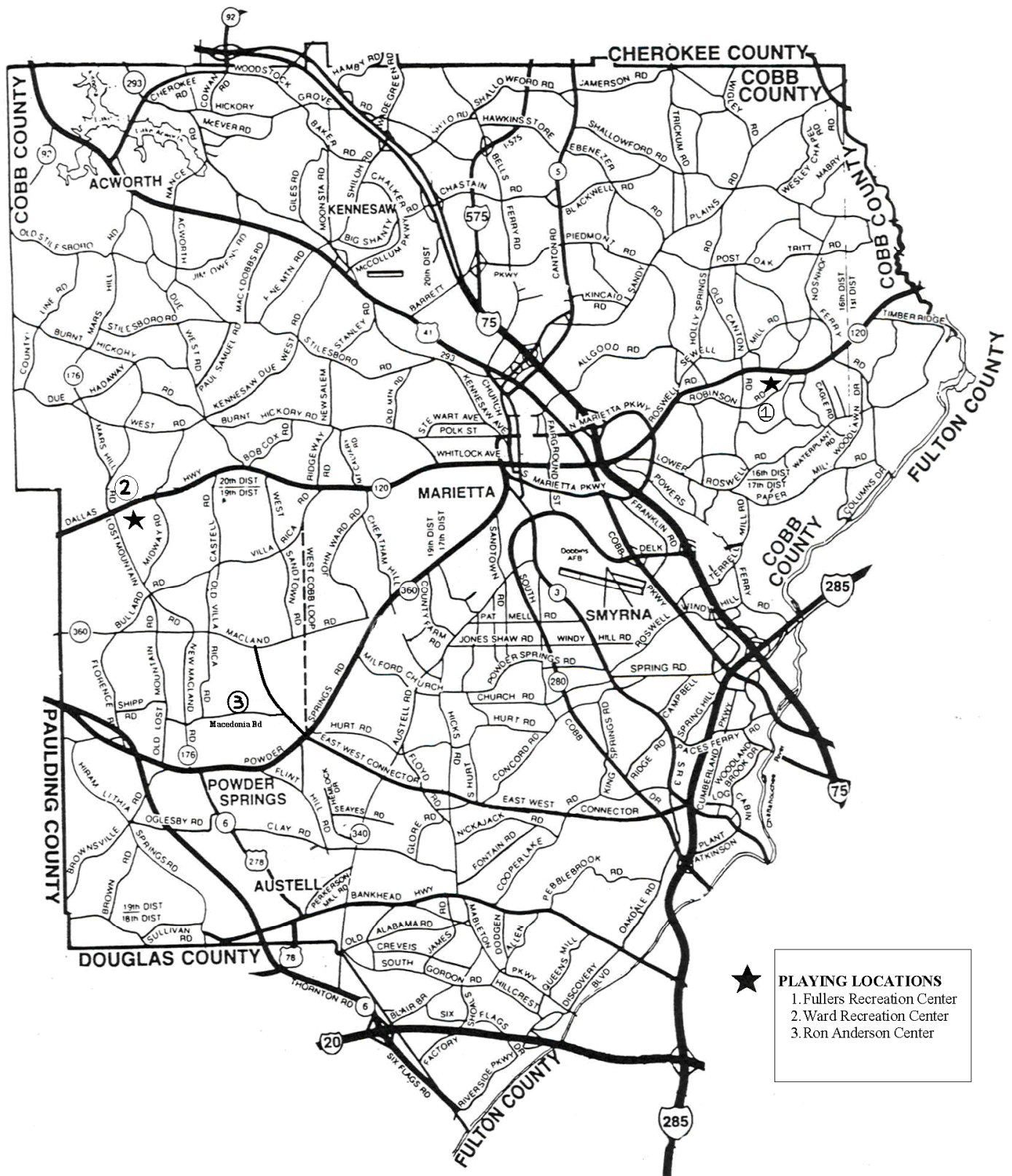
Parks, Rec. & Cultural Affairs Dept
1792 County Services Pkwy
Marietta, GA. 30008



NO SCALE



COBB COUNTY PARKS



PLAYING LOCATIONS

1. Fullers Recreation Center
2. Ward Recreation Center
3. Ron Anderson Center

Cobb County Parks, Recreation & Cultural Affairs Department

**2009 SUMMER BASKETBALL
ENTRY FORM**

Check one that applies:

_____ Returning resident team

_____ New resident team

_____ Returning non-resident team

_____ New non-resident team

Team Name: _____

Manager's Name: _____

Home #: _____ Cell #: _____

Work #: _____ E-mail: _____

Street Address: _____

_____ City _____ State _____ Zip Code _____

Assistant Manager's Name: _____

Home #: _____ Cell #: _____

Work #: _____ E-mail: _____

LEAGUE INFORMATION

Place a '1' by your first choice, a 2 by your second choice, etc.

<u>BC#</u>	<u>WARD REC CENTER</u>	<u>BC #</u>	<u>FULLERS REC CENTER</u>
23133	_____ Men's Open 'B' West (Mon & Wed)	23135	_____ Men's Open 'B' East (Tue & Thur)
23132	_____ Men's Open 'C' West (Mon & Wed)	23134	_____ Men's Open 'C' East (Tue & Thur)

<u>BC#</u>	<u>RON ANDERSON REC CENTER</u>
23136	_____ Men's Open 'C' (Thur)

C.C.P.R.C.A.D. USE ONLY

Amount Paid _____ **Check #** _____ **Visa/MC** _____ **Date** _____

We accept VISA, MASTERCARD, cash, money orders and checks.

There is a \$25 fee for all returned checks.

2009 OFFICIAL BASKETBALL ROSTER

TEAM NAME _____

LEAGUE _____

GYM: _____

MANAGER OR MINISTER SIGNATURE _____

RESIDENT TEAM _____ NON-RESIDENT _____

The following players will represent my team in the 2009 Summer Adult Basketball League. These players have agreed to abide by the agreement on the reverse side of this roster, all the rules as outlined in the Constitution and By-laws governing the league, and all policies set up by the Cobb County Recreation Commission. I also understand that if this roster is found to be illegal that this team will be immediately dropped from the league with no refund.

RELEASE AND HOLD HARMLESS AGREEMENT PERMISSION TO PROVIDE EMERGENCY MEDICAL TREATMENT

Realizing the nature of this program, its physical demands and how important it is to follow rules, regulations, and instructions outlined by the staff of the Cobb County Parks, Recreation and Cultural Affairs department, I am, to the best of my knowledge, in good health and able to participate in the program. I authorize the staff of the Cobb County Parks, Recreation and Cultural Affairs Department to organize any required medical or first aid procedure, or to take the undersigned to a hospital emergency room for treatment. If any treatment is required, I understand that every effort will be made to notify the individual indicated as emergency contact beforehand by telephone.

The Undersigned hereby forever releases, discharges, and covenants to hold harmless the Cobb County Parks, Recreation and Cultural Affairs Department, the Cobb County recreation Commission, the Cobb Arts Commission, the Cobb County Board of Commissioners and Cobb County, Georgia and any other person, firm, or corporation charged or chargeable with responsibility or liability, their heirs, administrators, executors, successors, and assignees from any and all claims, demands, damages, costs, expenses, loss of services, actions and causes of action belonging to the undersigned or arising out of any act or occurrence in connection with and particularly on account of all personal injury disability, property damage, loss of damages of any kind sustained or that may hereafter be sustained arising out of the matters described herein or in consequence of the participation in the recreation program sponsored by the Cobb County Parks, Recreation and Cultural Affairs Department. The undersigned hereby bind their heirs, administrators, executors and successors. Further, this Agreement shall apply to all unknown and unanticipated injuries and damages directly or indirectly resulting here-from. This Release and Hold Harmless Agreement shall constitute a full and complete release of any and all claims.

* - SIGNATURE OF PARENT REQUIRED FOR PERSONS UNDER 18 YEARS OF AGE.

AGE	NAME	HOME ADDRESS (Street, City, State, Zip)	WHAT COUNTY DO YOU RESIDE IN & DO YOU PAY CITY TAX?	SIGNATURE
1.			COUNTY _____	
			PAY CITY TAX? YES <input type="checkbox"/> NO <input type="checkbox"/>	
2.			COUNTY _____	
			PAY CITY TAX? YES <input type="checkbox"/> NO <input type="checkbox"/>	
3.			COUNTY _____	
			PAY CITY TAX? YES <input type="checkbox"/> NO <input type="checkbox"/>	
4.			COUNTY _____	
			PAY CITY TAX? YES <input type="checkbox"/> NO <input type="checkbox"/>	
5.			COUNTY _____	
			PAY CITY TAX? YES <input type="checkbox"/> NO <input type="checkbox"/>	
6.			COUNTY _____	
			PAY CITY TAX? YES <input type="checkbox"/> NO <input type="checkbox"/>	
7.			COUNTY _____	
			PAY CITY TAX? YES <input type="checkbox"/> NO <input type="checkbox"/>	

Team Name: _____

Gym & League: _____

<i>AGE</i>	NAME	HOME ADDRESS (Street, City, State, Zip)	WHAT COUNTY DO YOU RESIDE IN & DO YOU PAY CITY TAX?	SIGNATURE
8.			COUNTY _____	
			PAY CITY TAX? YES <input type="checkbox"/> NO <input type="checkbox"/>	
9.			COUNTY _____	
			PAY CITY TAX? YES <input type="checkbox"/> NO <input type="checkbox"/>	
10.			COUNTY _____	
			PAY CITY TAX? YES <input type="checkbox"/> NO <input type="checkbox"/>	
11.			COUNTY _____	
			PAY CITY TAX? YES <input type="checkbox"/> NO <input type="checkbox"/>	
12.			COUNTY _____	
			PAY CITY TAX? YES <input type="checkbox"/> NO <input type="checkbox"/>	
13.			COUNTY _____	
			PAY CITY TAX? YES <input type="checkbox"/> NO <input type="checkbox"/>	
14.			COUNTY _____	
			PAY CITY TAX? YES <input type="checkbox"/> NO <input type="checkbox"/>	
15.			COUNTY _____	
			PAY CITY TAX? YES <input type="checkbox"/> NO <input type="checkbox"/>	
16.			COUNTY _____	
			PAY CITY TAX? YES <input type="checkbox"/> NO <input type="checkbox"/>	
17.			COUNTY _____	
			PAY CITY TAX? YES <input type="checkbox"/> NO <input type="checkbox"/>	
18.			COUNTY _____	
			PAY CITY TAX? YES <input type="checkbox"/> NO <input type="checkbox"/>	

Team Name: _____

Gym & League: _____

AGE	NAME	HOME ADDRESS (Street, City, State, Zip)	WHAT COUNTY DO YOU RESIDE IN & DO YOU PAY CITY TAX?	SIGNATURE
19.			COUNTY _____	
			PAY CITY TAX? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20.			COUNTY _____	
			PAY CITY TAX? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21.			COUNTY _____	
			PAY CITY TAX? YES <input type="checkbox"/> NO <input type="checkbox"/>	
22.			COUNTY _____	
			PAY CITY TAX? YES <input type="checkbox"/> NO <input type="checkbox"/>	
23.			COUNTY _____	
			PAY CITY TAX? YES <input type="checkbox"/> NO <input type="checkbox"/>	
24.			COUNTY _____	
			PAY CITY TAX? YES <input type="checkbox"/> NO <input type="checkbox"/>	
25.			COUNTY _____	
			PAY CITY TAX? YES <input type="checkbox"/> NO <input type="checkbox"/>	
ROSTER LIMIT – 25 (USE BOTTOM 3 TO REPLACE ORIGINAL PLAYERS AFTER THE LIMIT)				
1.			COUNTY _____	
			PAY CITY TAX? YES <input type="checkbox"/> NO <input type="checkbox"/>	
2.			COUNTY _____	
			PAY CITY TAX? YES <input type="checkbox"/> NO <input type="checkbox"/>	
3.			COUNTY _____	
			PAY CITY TAX? YES <input type="checkbox"/> NO <input type="checkbox"/>	

***NOTE* Players must be present to be added to this roster. All players are subject to I.D. checks if requested by the Gym Supervisor.**